

pathological elucidation of aphasia, would undertake the work of laying the foundations of a really philosophical method of studying and treating the subject. This has not yet been done, but the time has come when the task might properly be undertaken. To us it has always appeared most strange that any one could seriously believe the faculty of articulate language to be placed in a part of the third frontal convolution of one side of the brain; surely there has been nothing like it in psychology since Descartes sequestered the soul in the pineal gland.

It would not be doing justice to Dr. W. Ogle's paper, however, to dismiss it with a few hasty criticisms; while it would be necessary, in order to treat the subject satisfactorily, so much to enlarge and deepen the foundations of the discussion that the space at present available would be quite insufficient for the purpose. We must, therefore, defer to a more convenient season a discussion of the observations with regard to aphasia, an examination of the different theories which have been propounded concerning it, and an exposition of the bearings of the pathological generalisations on certain problems of mental science.

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### PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

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#### *Italian Psychological Literature.*

By J. R. GASQUET, M.B., Lond.

THE accumulated numbers of the "Archivio Italiano per le Malatie Nervose," for 1866 and 1867, contain so many valuable papers that I am most reluctantly compelled to choose only the best, or those most interesting to the readers of the "Journal of Mental Science," and to omit much that is good.

In the six numbers of the "Archivio" for 1866, Dr. Biffi's very faithful account of the meeting of the Medico-Psychological Association at Edinburgh, in July of that year, deserves a prominent notice. He took this opportunity of strongly urging such Italian asylum physicians as might visit the Paris Exhibition to cross over to

England, and assist at the London meeting last summer of their English *confrères*, "who are remarkable for their dignified conduct, their practical solidity, their high culture, and their single-hearted but modest devotion to their duties."

A sufficiently clear account of all the papers read at the meeting is given, but Dr. Biffi gives most details of Dr. Webster's paper on Gheel, and of the discussion which followed, and adds his regret that Baron Mundy, "the strenuous defender of Gheel," was detained in Austria by the war, then almost at an end, and that the Society thus lost the benefit of his opinion. But, although rightly absent in person, Baron Mundy's good wishes were, he remarks, with the Association, and his "gentil pensiero" of presenting the bust of Dr. Conolly to the society of which he had been the most illustrious member, showed that the horrors of war had not made him forget his favourite pursuit, or his English friends.

Dr. Livi, the learned professor of Medical Jurisprudence at Sienna, contributes two medico-legal papers on *Homicidal Mania* and "*Aphrodisiomania*." He treats of the former as caused by (a) hallucinations, (b) melancholia, (c) instinctive monomania (irresistible impulse), (d) intellectual monomania, giving cases illustrating each of these modes of production. In the article on "*Aphrodisiomania*" (a word, by the way of Dr. Livi's own coining, and worthy of general acceptance), he goes into all the insane manifestations of the sexual passion, viz., Erotomania, Satyriasis, and Nymphomania; also the two rare affections, "*Gamomania*" (a diseased desire to marry no matter whom, without any erotic symptoms), and that most repulsive form of unnatural passion for violating dead bodies, of which the case of Bertrand is the best known example. There is nothing particularly new in these two papers, but they contain some valuable cases, and give a list of authors to be consulted, which may be very useful; and Dr. Livi's own opinions are thoroughly practical.

Dr. Biffi makes some interesting remarks on the article in this Journal for April, 1866, on *Sisterhoods in Asylums*. He observes that they have their advantages and disadvantages, for if, on the one hand, work done for charity is very superior to that done for hire, there is the drawback of a separate government independent of the physician. He considers that, on the whole, Damerow at Halle, and Roller at Illenau, have made the nearest approach to a solution of this very important question, by using every possible means to elevate the character of lay asylum attendants.

It would appear from Dr. Mantegaza's experiments that great pain or fear produces a very notable diminution of animal heat, varying, in rabbits, from 1.22° to 4.46° F. The lowest point was generally reached from one to five minutes after the pain, which was only momentary, had ceased, and the temperature remained below par for an hour and a half, or even longer; it would, probably, have fallen still lower, had there not always been violent muscular movements.

He attributes this diminution of temperature to a slackening of the heart's action, which is always observed to be in direct proportion to the degree of suffering; although very slight and momentary pain makes the heart move quickly, owing no doubt to the animal's movements. In the rabbit the pulse may fall, after one minute of intense pain, from 228 to 84 beats per minute. Pain has less effect upon animals weakened from loss of blood or fasting than upon healthy ones; but if they are very weak, extremely severe pain may kill instantly, by arresting cardiac action.

Professor Quaglino publishes a remarkable case of a Turin banker, aged 54, who had had a year before an apoplectic fit, resulting in left hemiplegia; and, at first, complete blindness. After a time, he recovered entirely his ordinary acuteness of sight at all distances, but never regained the power of perceiving colours. Everything appeared to him black and white only, and he was unable to remember the visible qualities of any object he had seen. On examination, the right half of each retina was found to be completely insensible, and the retina of the right eye was more cloudy and vascular than the left.

An introductory lecture to his chemical course on Psychiatry was delivered by Professor Verger at Milan, the subject being, "*Il vulgo e la medicina mentale.*" He describes with great eloquence and humour the well-meant, but dangerous attempts of amateurs to deal with the complicated results of mental disease; and he urges that the only true remedy for the present state of things is to popularise the study of cerebral physiology and pathology as much as possible.

In another paper, Dr. Biffi informs us that considerable improvements have been effected in the Asylums of the province of Milan. Thus a new asylum, capable of containing 300 patients, has been opened at Mombello, about 40 miles from Milan, on the site of an old palace. It stands in the country, and the patients will have every variety of farm work to occupy them. Much, however, still remains to be done. The Senavra and the insane wards of the Ospitale Maggiore are extremely overcrowded, and in very damp, unhealthy, gloomy positions. He fears that the unhappy financial and social state of Italy will probably prevent the other provinces—less enlightened and poorer than the Milanese—from following even this very limited step towards a better state of things.

There is one very elaborate medico-legal report, which requires no special notice, and several reviews and extracts from other periodicals.

The analyses of the Asylum reports include those of Halle, Illenau, the Crichton Institution, and Haywards Heath; the English reports are particularly commended, and attention is called to the variety of occupations provided, and the absence of restraint in the Sussex County Asylum. The Italian reports are not so detailed as might be desired; the best of them being decidedly that of San Servolo, at Venice, by Padre Salerio, the physician to the establishment. In this asylum, for the three years 1862-3-4, the proportion of cured was 42, and of deaths

17 per cent.; 41 cases of general paralysis were admitted, 37 presenting the usual "délire des grandeurs," and four presenting melancholic symptoms; in 29 of these, inequality of the pupils was well marked. The proportion of general paralytics and epileptics appears to be considerably higher at San Servolo than in the other Italian Asylums.

Dr. Castiglione gives an analysis of an inaugural thesis, by Dr. Koster, on the influence of intermittent fevers on insanity; seven cases are reported, which were cured by the occurrence of intermittent fever, and seven which were greatly benefited. Nasse has given similar cases in which intermittent and typhoid fevers have cured insanity of more or less considerable standing; no doubt by their action on the nervous system, which has sometimes made them cause insanity in persons of previously sound mind. Dr. Castiglione remarks on this subject, that, having long been in charge of an asylum (the Senavra), where malarial fevers are common, he has never seen more than a temporary improvement where intermittent fevers occur in a person suffering under any form of insanity.

We may begin our examination of the "Archivio" of 1867 with an article on the *Statistics* of the Italian asylums, including Rome, for 1866. The year 1865 closed with 8,262 patients in asylums, 4,431 of these being men and 3,831 women. 4,400 patients entered during the year, 2,813 were discharged, and 1,363 died; so that the year ended with a total of 8,486 (4,517 males, 3,969 females). We are unfortunately not told what proportion of those discharged were cured; but, from the statistics for Northern Italy, it would appear that the proportion of cured or relieved was, for men, 402 out of 1,196; and for women, 283 out of 1,137. We are promised more details for 1867, especially as to the proportion of cures and of second attacks.

Dr. Castiglione makes some general suggestions for the improvement of the *Lunacy Laws* in Italy. He lays down with singular clearness and brevity the general principles which should guide the civil authority in ordering deprivation of liberty; or the criminal courts in looking upon insanity as a bar to punishment; and then gives a sketch of a proposed law, embodying the rules he has laid down, which resembles in its general features the French law of 1838. Abundant safeguards for personal liberty are provided; but that every case of insanity should require to be established by an appeal from the friends to the municipality, and from the municipality to the civil tribunals, seems to our English ideas needlessly complicated.

Dr. Livi gives a medico-legal description of *Pyromania* and *Kleptomania*. He considers them under the same general heads of causation as homicidal mania, and gives an interesting series of illustrative cases and a bibliography, but nothing very original. "Most pyromaniacs," he remarks, "are young (children are notoriously fond of playing with fire) and more often girls than boys; puberty appears to be the most common time for the outbreak of this kind of insanity, and imitation of a fire, seen or heard of, its usual exciting cause. Kleptomania, again, is most frequent

at the time of pregnancy or the climacteric, and less often during lactation or disordered menstruation; when it occurs at other times it is generally connected with evident cerebral disease, as epilepsy, hemiplegia, strabismus, injuries to the head, &c.

Dr. Biffi gives a short description of the plan for *Pavilion Asylums* published by Dr. Robertson in this Journal last year. He looks upon it as a legitimate development of the idea of detached buildings, already put into execution in many asylums, and recommends its study very strongly to his Italian *confrères*.

He thinks it particularly applicable to England, "for in that country of frequent thick fogs, which sometimes seem to turn day into night," air and light are required in greater abundance than in more favoured climes. Too much air, indeed, is admitted into English Asylums to please our visitors from Italy, who, "well muffled up and hat on head," are astonished to find our patients endure the open doors and windows, "which in England are left open with as much care as is taken on the Continent to exclude draughts." Evidently Dr. Biffi must have suffered much, uncomplainingly, from the severity of an English July! The greater amount of separation obtainable in pavilion asylums would be more congenial, he remarks, to the English than to the Italian character. He fears that they would be too costly for the slender funds which can be devoted in Italy to Asylum purposes.

The propriety of the term "*Reasoning Insanity*" is objected to by Dr. Verga. He begins by arguing that the faculty of reasoning proper (the judgment) is unaffected in all but cases of dementia. I regret very much that the space at my disposal does not admit of a more extended account of the very able analysis by which he endeavours to show this. This is a first reason for not employing the phrase, and he further points out that it is used in two very different senses by Griesinger and Brierre de Boismont for a slight stage or form of mental disease, and by others as synonymous with "moral" or "instinctive" insanity. He proposes to replace the term in this latter intention by "insanity without delirium."

The *Influence of Meteorological Conditions on Insanity* is discussed by Dr. Lombroso at great length. He begins with an exhaustive history of the various opinions held on this subject, from the Sanscrit and Chinese writers down to our time, and then gives the statistics of admission into the asylums of Northern Italy for the last few years. I will not quote figures, for, as the statistics are not drawn up on any uniform plan, they would only mislead; but I extract the general results. Out of a total of 9,960 patients, the largest number were admitted in the month of June, and the other months of the year are, in order of number of admissions, as follows:—July, August, May, April, October, December, March, September, November, January; the fewest admissions being in February. This order varies in different places; thus at Venice and Pavia, the greatest number were admitted

in October; at Turin, Florence, and Alessandria, in July; at Lucca and Milan, in August; while at Ancona, May is the worst month. These differences are more easily explicable than the influence of sex; which is, nevertheless, decided and constant; for instance—in Piedmont, women are admitted chiefly in August, June, and July; men in May, June, and July; at Milan most men have been admitted each year in May, most women in March. Dr. Lombroso next lays before us a series of tables extending over the seven months from November, 1866, to May, 1867; which are ingeniously constructed to show at a glance the meteorological state (barometer and thermometer, state of moon, force and direction of wind, storms), and the number of paroxysms of ordinary or epileptic mania occurring in his asylum at Pavia on each day during that time.

The general conclusions he draws from these and other data, are:—

1. A moderate heat (not exceeding 77° F.) does not appear to have any great influence in producing paroxysms in the insane; but, if the thermometer reaches 85° or 90°, the number of exacerbations is much greater than usual.

2. Cold (25°) has a very slight effect in increasing the number of maniacal attacks; it diminishes the number of epileptic fits.

3. When the barometer rises higher than 29.8 inches, the number of exacerbations is increased; violent barometrical oscillations in either direction are preceded and followed some days by a greater or less number of paroxysms, according to the amount of oscillation.

4. The degree of humidity of the air appears to have no effect.

5. There were fewest maniacal fits on the days when the wind was E. or S.

6. It is not clear whether positive electricity, or the presence of ozone, has any effect upon the insane. When the air is in a state of negative electricity, the number of attacks seems to be slightly increased.

7. There seem to be more attacks at the new and full moon, and at the summer solstice. The slight shock of earthquake felt at Pavia on March 16th, 1864, was preceded by two days of unusual disturbance among the patients, and followed by unusual quiet.

8. Barometrical changes appear to be felt more keenly when the mind is feeble than when healthy; the lower animals are more sensible to them than man; and, among asylum patients, those in a state of dementia, or old epileptics, notice them more than the others.

9. Epileptics have more attacks on hot days, except in the month of August, which is favourable to them; they are at their best in winter. They have more attacks when the barometer is low, and two or three days before it rises; the south and east winds have a bad effect upon them. As to lunar influences, they have fewest attacks during the second quarter; the new moon seems to be favourable to them.

In many of these points, epileptics are very differently influenced from other insane patients.

10. The considerable meteorological variations of autumn and spring have a good effect on chronic cases.

11. Most deaths occur in the coldest and hottest months, especially in cold and damp weather.

12. To apply practically these conclusions, it may be remarked that persons predisposed to insanity should be protected especially from great heat and from barometrical variations. Epileptic and demented patients should be kept in places not liable to great heat or barometrical changes. Might not the application of ice to the head benefit the former? Those suffering from chronic mania should not be protected from meteorological variations.

13. Suicides, murders, and all crimes of violence are most frequent in the hot months of the year; so are revolutions.

I trust that the importance of the subject will excuse my having dwelt somewhat too long on this very interesting article, and that further observations will confirm the results which Dr. Lombroso has taken so much trouble to obtain.

The remainder of the "Archivio" for 1867 is made up of medico-legal reports, extracts from home and foreign periodicals, letters to the editors, &c. The most prominent of the extracts are—a translation of Dr. Addison's paper on "The Chemical Pathology of the Brain;" some very good remarks from a Bologna journal on the differential diagnosis of paraplegiæ of cerebral, spinal, and peripheric origin; and a series of observations by Dr. Lombroso on the weight of the body in insanity, which entirely agree with those of Nasse and Albers in proving that the insane—and especially those in a state of dementia—weigh less than they should, and that a decided increase is one of the most certain signs of convalescence.

Faradisation continues to be employed in the treatment of melancholia, especially at Milan and Rome. The results are said to be satisfactory in recent cases, particularly when mutism or refusal of food has been a prominent symptom.

I have not noticed a very detailed review of Schiff's lectures on the functions of the different parts of the encephalon, and Lussana's account of the cerebral convolutions, because I could not include any adequate analysis of them within reasonable limits; but I hope to be allowed to give, in some future number, an account of these and other recent Italian works on the nervous system. Want of space, as I said in the beginning, is my only excuse for any apparent invidiousness in passing over so much that is interesting in this excellent periodical.